

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD_R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	No
Computer Readable Form (CRF)?::	No
Title::	Gastric Bypass Devices and Methods
Attorney Docket Number::	14283.0013USWO
Request For Early Publication::	No
Request For Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Initial 08/21/06

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Malaysia
Status:: Full Capacity
Given Name:: Elizabeth
Middle Name::
Family Name:: RAJAN
Name Suffix::
City of Residence:: Rochester
State or Province of Residence:: Minnesota
Country of Residence:: United States of America
Street of mailing address:: 4483 Meadow Lakes Drive NW
City of mailing address:: Rochester
State or Province of mailing address:: Minnesota
Country of mailing address:: United States of America
Postal or Zip Code of mailing address:: 55901

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States of America
Status:: Full Capacity
Given Name:: Christopher
Middle Name:: J.
Family Name:: GOSTOUT
Name Suffix::
City of Residence:: Rochester
State or Province of Residence:: Minnesota
Country of Residence:: United States of America
Street of mailing address:: 182 Evergreen Drive N.E.

Initial 08/21/06

City of mailing address:: Rochester
State or Province of mailing address:: Minnesota
Country of mailing address:: United States of America
Postal or Zip Code of mailing address:: 55906

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States of America
Status:: Full Capacity
Given Name:: Kevin
Middle Name:: E.
Family Name:: BENNET
Name Suffix::
City of Residence:: Rochester
State or Province of Residence:: Minnesota
Country of Residence:: United States of America
Street of mailing address:: 819 4th Street SW
City of mailing address:: Rochester
State or Province of mailing address:: Minnesota
Country of mailing address:: United States of America
Postal or Zip Code of mailing address:: 55902

Correspondence Information

Correspondence Customer Number:: 23552

Representative Information

Representative Customer Number::	23552
----------------------------------	-------

Initial 08/21/06

Domestic Priority Information

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
This is a	National Stage of	PCT/US2005/005782	02/24/06
PCT/US2005/005782	is a Non-provisional of	60/547,483	02/25/04

Assignee Information

Assignee Name:: Mayo Foundation for Medical Education and Research

Street of mailing address:: 200 First Street Southwest

City of mailing address:: Rochester

State or Province of mailing address:: Minnesota

Country of mailing address:: United States of America

Postal or Zip Code of mailing address:: 55905

Initial 08/21/06